



City of Clayton  
10 North Bemiston Avenue  
Clayton, Missouri 63105  
(314) 290-8452 FAX: (314) 863-0296

## CONDITIONAL USE PERMIT APPLICATION-GENERAL

*(please type or print)*

**ALL SECTIONS OF APPLICATION MUST BE COMPLETE.**

**APPLICATIONS MUST BE CONSISTENT WITH SUBMITTED MATERIALS.**

**ALL MATERIALS SUBMITTED MUST BE SIGNED/SEALED FOR REVIEW.**

**A \$235.00\* APPLICATION FEE, ELEVEN (11) 11 X 17 PLAN SETS, A LETTER ADDRESSED TO THE HONORABLE MAYOR AND MEMBERS OF THE BOARD OF ALDERMEN REQUESTING THE CUP, AND AN ELECTRONIC COPY (emailed to [kaubuchon@claytonmo.gov](mailto:kaubuchon@claytonmo.gov)) MUST ACCOMPANY THIS APPLICATION (INCLUDES \$35 NON-REFUNDABLE PROCESSING FEE)**

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Location of Project: \_\_\_\_\_

Project Description: \_\_\_\_\_

### PART A: PARTIES OF INTEREST

The full legal name of property owner (partnership, incorporation, etc.), applicant, agent, architect, landscape architect, planner, engineer and/or manager is required for review of this application.

Legal Name to which this Permit is to be issued: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number & E-Mail Address: \_\_\_\_\_

Interest in Property (Tenant/Owner): \_\_\_\_\_

Name of Property Owner(s) - if different from above: \_\_\_\_\_

Address: \_\_\_\_\_

Updated July, 2021

Phone Number: \_\_\_\_\_

Name of Architect, Landscape Architect, Planner or Engineer:

Name/Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number & E-Mail Address: \_\_\_\_\_

Name/Position: \_\_\_\_\_

## **PART B: SITE DESCRIPTION**

Subdivision \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Current Use of Site: \_\_\_\_\_

## **PART C: SITE DEVELOPMENT**

Proposed Use of Site: \_\_\_\_\_

Estimated Cost of Construction : \_\_\_\_\_ No. of Stories : \_\_\_\_\_

Total Square Footage of Site: \_\_\_\_\_

Total Square Footage of Building(s): \_\_\_\_\_

Ratio of Total Square Footage of Building(s) to Total Square Footage of Site: \_\_\_\_\_

Building(s) Height(s): \_\_\_\_\_ Number of Floors: \_\_\_\_\_

Total Number of Available Parking Spaces: \_\_\_\_\_

Number of Parking Spaces as Required by the Zoning Ordinance: \_\_\_\_\_

\*Proof that the Supplied Parking Will Meet the Demands of the Project: \_\_\_\_\_

Describe the Reason for Requesting a Conditional Use Permit: \_\_\_\_\_

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Briefly describe the disposal of refuse for operation: \_\_\_\_\_

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*\*Parking Study prepared by an impartial parking engineer must be submitted as part of the application if supplied parking is less than number required by the Zoning Ordinance.*

*Architectural review is required for any exterior renovation, awning or signage. If any of these items are part of the project, complete an Architectural Review Board Application.*

## **PART D: AMENDING AN EXISTING CONDITIONAL USE PERMIT**

Please describe the proposed amendment: \_\_\_\_\_

Please describe why the proposed amendment is necessary: \_\_\_\_\_

## **PART E: TRANSFERRING AN EXISTING CONDITIONAL USE PERMIT**

The full legal name of the individual or entity to which the existing conditional use permit is issued:

The full legal name of the individual or entity to which the conditional use permit is to be transferred:

Please describe any changes to the operation: \_\_\_\_\_

Please describe any changes to the hours of operation and decor:

## **SIGNATURES**

***Signature of Applicant (Required):*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

***Relation to the Property Owner:*** \_\_\_\_\_

***Signature of Property Owner (Required):*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

*\*includes \$35.00 non-refundable processing fee. Application fee for a transfer of/amendment to an existing CUP is \$100 IF Plan Commission and/or Board of Aldermen consideration is not necessary.*